

SAFETY TOWN REGISTRATION FORM

Since 1970, the purpose of Safety Town has been to teach basic safety education focusing on pedestrian, bicycle, bus, and recreational safety. Children who will be entering kindergarten (must be at least 5 years old by August 1, 2022) or first grade are strongly encouraged to attend this worthwhile program.

In order to keep Safety Town safe for children and staff, the City will be following COVID-19 guidelines provided by the Center for Disease Control and Prevention (CDC) and the Ohio Department of Health (ODH). Any of the following information is subject to change at any point due to guidelines issued by CDC or mandated by ODH.

2022 Safety Town Dates

- Safety Town will be held at Woodland Elementary School and will last from June 6th through June 17th.
- The morning session will begin at 9:00 AM and end at 11:00 AM.
- The afternoon session will begin at 12:00 PM and end at 2:00 PM.
- Closing exercises for both sessions will be held in the morning on Friday, June 17th.

Safety Town Registration Information

- Safety Town is presented for the Perrysburg school children by the City of Perrysburg with the cooperation of the Perrysburg Police Division. Children planning to attend Safety Town must **LIVE IN or ATTEND** school in the Perrysburg School District.
- During Safety Town, students get the opportunity to ride on a school bus.
- There is a \$35.00 fee, payable by check or money order made out to *Perrysburg Safety Town*. Please do not send cash. No refunds will be issued after May 28th. If the fee creates a hardship, please contact Officer Sims.
- **All registration forms, emergency medical forms, COVID-19 waivers, and fees must be at the Perrysburg Police Station by May 23rd.** Confirmations will be mailed at the end of May.

Please send your registration form, emergency medical form, COVID-19 waiver, and fee to:

Safety Town, c/o Officer Charles Sims
Perrysburg Police Division
330 Walnut St
Perrysburg, OH 43551

Child's Name _____ Male _____ Female _____ DOB _____

Address _____ Phone _____ Age (as of 8/1/22) _____

Session (Choose 1)	Payment (Choose 1)	Grade Entering	Shirt Size (Youth)
Morning _____	Check _____	Kindergarten _____	S _____ M _____ L _____
Afternoon _____	Money Order _____	First Grade _____	

School of Attendance

Fort Meigs _____ Frank _____ Toth _____ Woodland _____ St. Rose _____ Other _____

Photography Permission

_____ Yes, my child has permission to be photographed at Safety Town
_____ No, my child may not be photographed while at Safety Town.

School Bus Ride Permission

_____ Yes, my child may ride the school bus.
_____ No, my child may not ride the school bus.

Signature of Parent or Guardian _____ Date _____

Parent or Guardian's Email (Safety Town Use Only) _____

SAFETY TOWN EMERGENCY MEDICAL FORM

Purpose: To enable parents and guardians to authorize emergency treatment for children who become ill or injured while attending Safety Town when parents or guardians cannot be reached.

Child's Name _____

Parent or Guardian's Name _____

Address _____

Phone _____ Alternate Phone _____

PART I – GRANT CONSENT

In the event that reasonable unsuccessful attempts have been made to the above contacts, I hereby give consent for (1) the administration of any treatment deemed necessary by:

Preferred Physician _____ Phone _____

Preferred Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Or in the event the designated practitioner is unavailable, by another licensed physician or dentist; and (2) the transfer of the child to:

Preferred Hospital _____ Phone _____

or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists; concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent or Guardian _____ Date _____

PART II – REFUSAL OF CONSENT (DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take the following action:

Signature of Parent or Guardian _____ Date _____

CITY OF PERRYSBURG PERRYSBURG POLICE DIVISION

330 Walnut Street | Perrysburg, OH 43551 | Office 419 872 8001 | www.ci.perrysburg.oh.us

WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious and the state of medical knowledge is constantly evolving. The City of Perrysburg and Perrysburg Schools cannot completely prevent you,

Name of parent/legal guardian

[or your child(ren)]

Name of child(ren)

from potentially becoming exposed to, contracting, or spreading COVID-19 while utilizing the City of Perrysburg's Safety Town services or premises. It is not possible to completely prevent against the presence of the disease.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk for myself and/or my child(ren) in order to utilize the City of Perrysburg's Safety Town services premises. These services are of such value to me [and/or to my child(ren),] that I accept the potential risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize them.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the City of Perrysburg, Perrysburg Schools, and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with potential exposure, infection, and/or spread of COVID-19 related to utilizing the City of Perrysburg's Safety Town services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen. **CHOICE OF LAW:** I understand and agree that the law of the State of Ohio will apply to this contract. I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____

Name (Printed): _____

Date: _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____

Name (Printed): _____

Date: _____